110000010140

(Requestor's Name)	
(Address)	
V	
(Address)	
(City/State/Zip/Phone #)	
, , , , , , , , , , , , , , , , , , , ,	
PICK-UP WAIT] MAIL
	3 1777 112
(Business Entity Name)	
75	
(Document Number)	/
	/
Certified Copies Certificates of State	us
Special Instructions to Filing Officer:	

Office Use Only



800198106078

03/18/11--01014--036 **52.50

Amus

11 MAR 29 AN 10: 53

Th 3-29-6



March 21, 2011

MARC NAROIS MM PET RESCUE 3295 MEADOW RUN CIR VENICE, FL 34293

SUBJECT: M M PET RESCUE CORP.

Ref. Number: N10000010140

We have received your document for M M PET RESCUE CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Segulatory Specialist II

Letter Number: 111A00006813

JECENED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MM T	et Rescue Corp.	
DOCUMENT NUMBE	R: N100000	10140	
The enclosed Articles of	**************************************	omitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
	MARC MAY	dis	
		Contact Person)	
	mm Ret R	125CUC COSP	
	(Firm	n/ Company)	
3	295 Meadow	Run Circle	
*****	(,	Address)	
	Venice 71	34293	
-	(City/ Sta	ite and Zip Code)	
	MWh 0446 E-mail address; (to be use	d for future annual report notificat	ion)
For further information of	concerning this matter, pleas		
	Marois	at (941) 223- (Area Code & Daytim	2282
(Name of	Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for t	he following amount made p	payable to the Florida Department	of State:
	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy
Division P.O. Box	nent Section of Corporations	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Paid

Articles of Amendment to

FILED

Articles of Incorporation	11 44-
of	11 MAR 29 AM 10: 53
Mm Pet Resoure Corp.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Florida Dept. of S	tate) THOSEE. FLORIDA
N10000010140	<u> </u>
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and abbreviation "Corp." or "Inc." <mark>"Company"</mark>			
B. Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>			- Manuel III
Trincipul office united in the state of the	<u></u>		
		<u> </u>	
C. Enter new mailing address, if applicab			
(Mailing address <u>MAY BE A POST OF</u>	TCE BUX)		AND THE RESERVE OF THE PARTY OF
	_		444
	_		
	-		
). If amending the registered agent and/or pay registered agent and/or the new re	registered office ac	ldress in Florida,	enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new re	registered office ac gistered office addre	ldress in Florida,	enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new re Name of New Registered Agent:	registered office ac gistered office addre	ldress in Florida, s ess:	enter the name of the
new registered agent and/or the new re	registered office ac gistered office addre	ldress in Florida,	enter the name of the
new registered agent and/or the new re	gistered office addre	Idress in Florida, ess:	enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	gistered office addre	ess:	
new registered agent and/or the new re Name of New Registered Agent:	gistered office addre	ess:	enter the name of the , Florida
new registered agent and/or the new re Name of New Registered Agent:	gistered office addre	street address)	

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Title Name Address ☐ Add ☐ Remove ____ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). . (Be specific) a) The corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. b) Upon dissolution of the corporation, the Board of Trustees shall, after paying or making provisions for the payment of all the liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or corresponding provision of any future United States Internal Revenue Law), as the Board of Trustees shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, said court shall determine, which are organized and operated exclusively for such purposes.

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment	(s) adoption: $3/15/1/$
Effective date <u>if applicable</u> :	(date of adoption is required) (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or n adopted by the board of directions.	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
DatedSignature	Man Man.
(By have	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President.
	(Title of person signing)